## EMPLOYEE STATEMENT REGARDING RETIREMENT, SEVERANCE PAY, REPAYMENT OF VOLUNTARY SEPARATION INCENTIVE PAYMENT AND NON-APPROPRIATED FUND EMPLOYMENT

| Name                                                                                                                                                                    | CCN                                                         |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----|
| NameSSN                                                                                                                                                                 |                                                             |    |
| Retirement                                                                                                                                                              |                                                             |    |
| Are you currently receiving a retirement annuity for federal civilian service? YES NO                                                                                   |                                                             |    |
| If YES, Disability Doptional CSA #                                                                                                                                      |                                                             |    |
| If your answer is YES, please attach your retirement SF50.                                                                                                              |                                                             |    |
| Are you aware that the salary of the position you are accepting may be offset by the amount of your retirement annuity?  YES  NO                                        |                                                             |    |
| If you are receiving a disability retirement and you are considered restored to earning capacity, your annuity may be terminated by the Office of Personnel Management. |                                                             |    |
| Severance Pay                                                                                                                                                           |                                                             |    |
| Are you currently receiving severance pay?                                                                                                                              | YES [                                                       | NO |
| Have you ever received severance pay?                                                                                                                                   | YES [                                                       | NO |
| If you are earning severance pay, you must provide a copy of your most recent Leave and Earnings Statement (LES) to this office immediately!                            |                                                             |    |
| Voluntary Separation Incentive Pay                                                                                                                                      |                                                             |    |
| Have you previously retired/resigned from the Federal government and received Voluntary Separation Incentive Pay (VSIP)?                                                | YES  If your answer is yes, please go on to the next block: | NO |
| When did you retire/resign to receive the VSIP?                                                                                                                         | Effective date:                                             |    |
| Have you been employed in the Federal government After that date, but prior to this appointment?                                                                        | YES                                                         | NO |
| What was the full amount of your incentive pay?                                                                                                                         | Amount: \$                                                  |    |
| Non-Appropriated Fund Service                                                                                                                                           |                                                             |    |
| Have you ever been employed by a Non-Appropriated Fund (NAF) Activity (i.e., DOD Exchanges, MWR Activities, military clubs)                                             | YES [                                                       | NO |
| Leave Without Pay                                                                                                                                                       |                                                             |    |
| Are you currently on leave without pay from a federal position?                                                                                                         | YES                                                         | NO |
| If your answer is YES, please provide a copy of SF50 placing you on LWOP.                                                                                               |                                                             |    |
| SIGNATURE: DATE                                                                                                                                                         |                                                             |    |